	PAH	ENI APPLIC	ATI Effec	ON FE	E DETERN ctober 1, 20	/IN/ 203	TION I	REC	COF	ND.		105/			Ocke)ک	t Nu -	mber
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	TOTAL CL		(Column 1)			(Column 2)			SMA TYPI		LL ENTITY		OF	OTHER SMALL		THA	
	FOR TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR			minus 20= * minus 3 = *			NUMBER EXTRA			R	ATE	FE	E		RA		FE
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1										X	13=						
_				•						+14	15=	 ,	\dashv	OR OR	+290	\dashv	·
	CLAIMS AS AL			less than zero, enter "0" in column 2 MENDED - PART II				2		TO	ΓAL			OR OR	TOTA		
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he	"Highest Numb	nber Previously Pai nber Previously Paid per Previously Paid	d For" For" (IN THIS S Total or Inc	SPACE is less that dependent) is the	an 20, an 3, e e hiah:	enter."20." enter "3." est number	Al	DDIT.	FEE		OF	A AI	TC DDIT.	TAL FEE		
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